

# Presbyterian Support Services Otago Incorporated - Ross Home and Hospital

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Presbyterian Support Otago Incorporated

**Premises audited:** Ross Home and Hospital

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 23 January 2023      End date: 24 January 2023

**Proposed changes to current services (if any):** The service closed their 24-bed psychogeriatric hospital wing in 2022 with plans to reopen these beds as dual-purpose rest home / hospital level beds later in 2023.

**Total beds occupied across all premises included in the audit on the first day of the audit: 100**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Ross Home is part of the Presbyterian Support Otago organisation. Ross Home is one of nine aged care facilities managed by Presbyterian Support Otago. The service is certified to provide rest home and hospital (geriatric and medical) for up to 100 residents. On the day of the audit, there were 100 residents. The 24-bed psychogeriatric hospital wing is currently closed.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, staff, and a general practitioner.

The manager has been in the role for over twenty years and is supported by three-unit nurse managers and administration staff. The management team are supported by a regional quality advisor and a regional clinical advisor and support staff at head office. The resident and relatives interviewed spoke positively about the care and support provided.

The service has addressed three of six previous certification audit shortfalls relating to education, hot water monitoring and restraint. Further improvements are required around aspects of the quality system, interRAI assessments, and implementation of care.

This surveillance audit identified improvements required around complaint management, and aspects of medication management.

## Ō tatou motika | Our rights

<p>Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Presbyterian Support Otago (PSO) Ross Home supports increasing Māori capacity. They acknowledge and are committed to the unique place of Māori under Te Tiriti o Waitangi. Resident meetings and satisfaction surveys are examples of ways that tāngata whaikaha participate in te ao Māori and that their needs are responded to. A PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. The rights of the resident and/or their family to make a complaint is understood, and respected.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is a documented and up-to-date strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. One of the aims of this plan is to implement a bi-cultural strategy to ensure alignment with Te Tiriti o Waitangi.

Ross Home's established quality and risk management programme includes performance monitoring, internal audits and the collection, collation, and benchmarking of clinical indicator data. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input.

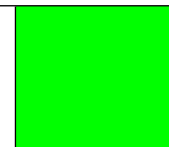
Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies.

The activities programme includes cultural celebrations, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



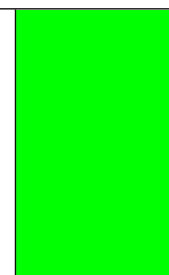
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. A staff member trained in first aid is on duty at all times.

## Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is an experienced registered nurse. Working towards a restraint-free environment is included in the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Three hospital level residents were using a restraint at the time of the audit.



## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	0	4	0	0
Criteria	0	44	0	0	4	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Careful attention is paid to matching the right caregivers with the residents. Presbyterian Support Otago (PSO) Ross Home supports increasing Māori capacity by employing more Māori staff, confirmed during an interview with the manager. At the time of the audit, there were Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	Not Applicable	<p>Plans are underway for the PSO organisation to develop a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pacific communities for guidance.</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy. A Māori health plan and a cultural services response policy are documented for the service. As a key element of organisational cultural awareness, safety, and competency, PSO acknowledges and is committed to the unique place of Māori under Te Tiriti o Waitangi, with reference to Te Pātikitiki o Kōtahitanga. The service is committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Plans are underway to promote tikanga Māori and te reo Māori in 2023. Te Tiriti o Waitangi and tikanga Māori staff training is planned for 2023. Resident meetings take place six-weekly, led by either a health and disability advocate, activities staff or the manager. These meetings and annual satisfaction surveys are examples of ways that tāngata whaikaha participate in te ao Māori and that their needs are responded to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<p>PSO policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. A PSO code of conduct is</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSO code of conduct.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to ensure wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the resident receiving services wants them to be involved. Enduring power of attorney evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p>	PA Moderate	<p>The PSO complaints procedure is provided to residents and relatives on entry to the service. The manager maintains a record of complaints, both verbal and written. There have been five complaints lodged since the previous audit which took place on June 2021.</p> <p>Interviews with eleven residents (seven rest home, four hospital) and four family/whānau (three rest home, one hospital) confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose, which may</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>include representation from Māori.</p> <p>No complaints have been lodged with Health &amp; Disability Commission (HDC) since the previous audit. Te Whatu Ora - Southern requested follow up on two complaints received since the previous audit. One is closed following the closure of the psychogeriatric unit. The second complaint, lodged from family of a resident who absconded, failed to reflect implementation of the corrective actions that were provided in writing to the complainant and forwarded to Te Whatu Ora - Southern.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>PSO Ross Home is in Dunedin. They provide rest home and hospital (geriatric and medical) levels of care for up to 100 residents. PSO Ross Home closed their psychogeriatric hospital wing in 2022, with plans to reopen these beds as dual-purpose rest home / hospital level beds later in 2023. The service will not provide psychogeriatric level of care going forward. During this surveillance audit, the hospital and rest home units were at full capacity with 40 rest home level residents and 60 hospital level residents. There are no dual-purpose beds. There was one rest home level resident on ACC; two hospital level residents on a young person with a disability (YPD) contract; one hospital level resident on a palliative care contract; and one hospital level resident on a long-term support – chronic health conditions (LTS-CHC) contract. The remaining residents were on the age-related residential care contract (ARRC).</p> <p>PSO Ross Home is one of nine aged residential care homes in Otago. The organisation is governed by a Board of eight representatives. The Board meets monthly. There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation's vision, mission, and values. One of the aims of this plan is to implement a bi-cultural strategy to ensure alignment with Te Tiriti o Waitangi (Te Tiriti). The Board chair identifies as Māori. A selection of the Board members can demonstrate expertise in Te Tiriti, health equity and cultural safety. Work is underway to identify and address barriers for Māori for equitable service delivery, with additional expertise being sought from Māori.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. The</p>

		<p>management team and Board review this feedback to identify barriers to care and improve outcomes for all residents.</p> <p>The experienced manager is a registered nurse (RN) who has been in their role for the past 23 years. She attends a minimum of eight hours per year of education and training relating to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Ross Home's established quality and risk management programmes include performance monitoring and benchmarking. It is led by the PSO quality advisor. Interviews with three managers (one manager, one unit nurse manager, one kitchen services manager) and nineteen staff (six caregivers who work across the am and pm shifts, six RNs, one quality advisor, one clinical nurse advisor, three activities coordinators, one maintenance staff, one cleaner) confirmed their involvement in quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>Data is benchmarked with other PSO facilities and against other aged care facilities in New Zealand. Results are posted for staff to review. This previous audit shortfall (HDSS:2008 # 1.2.3.6) identified for improvement has been addressed. However, further shortfalls around implementation of the quality system have been identified at this audit. Internal audits, satisfaction survey results and the collation of data are scheduled. Missing was evidence in the two rest home units of internal audits being completed, as per the internal audit schedule.</p> <p>The 2022 resident and family satisfaction survey process was completed in early December 2022, with corrective action plans being developed at the time of this audit. The majority of responses reviewed were very positive.</p> <p>A range of meetings take place, with each of the four units responsible for holding meetings with their staff one-two monthly. However, meeting</p>

		<p>minutes were not consistently being documented.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. Staff noticeboards keep staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety meetings take place monthly.</p> <p>Work is underway to assess staff cultural competency to ensure a high-quality service is provided for Māori. Work is also being implemented by the PSO Board to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 15 accident/incident forms reviewed (unwitnessed falls, skin tears). Incident and accident data is collated, and analysed using V-care. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations were initiated for unwitnessed falls but did not follow policy (link 3.2.4). Opportunities to minimise future risks are identified by the unit nurse manager who reviews every adverse event.</p> <p>Discussions with the manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, there have been Section 31 notifications completed to notify HealthCERT in relation to grade III or unstageable pressure injuries; one resident who absconded and required police involvement (link 1.8.3); and RN staffing shortages. There have been five Covid-19 outbreaks, with subsequent facility lockdowns and one respiratory outbreak. The DHB, and public health authorities were notified for each outbreak.</p>
Subsection 2.3: Service management	FA	There is a staffing policy that describes rostering requirements. The

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>roster provides sufficient and appropriate coverage for the effective delivery of care and support. Turnover of unit nurse managers has been high with eleven-unit nurse managers employed over the past eighteen months.</p> <p>Interviews with staff confirm that overall staffing is adequate to meet the needs of the residents. Casual staff are available to help fill gaps in the roster. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The manager is on site Monday to Friday. Three-unit nurse managers (one rest home, two hospital) work Monday – Friday and roster themselves for one weekend per month. They share the on-call roster.</p> <p>There are four wings, two hospital and two rest home level. The hospital wings have a registered nurse (RN) on each wing 24/7, with an additional second RN or enrolled nurse (EN) on the AM shifts. An additional EN also covers for one hospital wing on the PM shift. There are adequate numbers of caregivers, with the manager reporting no staff vacancies at the time of the audit.</p> <p>There is an annual education and training schedule. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. The registered nurses, activities staff and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The previous certification audit identified a shortfall around qualifications of staff working in PG (HDSS:2008 # 1.2.7.5). As the unit is closed the requirement to have completed specific dementia standards is now not required. However, the overall training programme is being implemented, including training requirements identified in the aged related residential contract (ARRC) and therefore this previous finding has been closed out.</p> <p>Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise, which will include staff education, training, and competency assessments to ensure that staff are able to see and identify inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-one</p>
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		<p>caregivers have completed their level three Careerforce qualification and four have completed their level four qualification.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. Competencies cover restraint minimisation, infection prevention and control, skin management, insulin, medication management and observations.</p> <p>Thirty RNs are employed and four are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office. Eight staff files reviewed (three RNs, one caregiver, three kitchen staff, one management assistant) evidenced implementation of the recruitment process.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually.</p> <p>Staff ethnicity data is collected and reported at a governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	Not Applicable	<p>The manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, which is shared with the regional clinical manager. The service collects ethnicity information at the time of admission for individual residents and can do an analysis in the electronic system. The manager has recently started collecting ethnicity data from prospective residents on a paper-based enquiry information form and is working on a process to collate this information and forward to head office. Head office is planning analysis of the data for the purposes of identifying entry and decline rates for Māori.</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>The service is working towards developing strategies to eliminate inequities between Māori and non-Māori. The service is working towards developing meaningful partnerships with Māori communities and organisations to benefit residents and their whānau. Currently the service utilises the contacts from family and Māori staff to provide support for residents and whānau where required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six resident files were reviewed: four hospital (including one under a YPD contract and one on a palliative care contract) and two rest home (including one on an ACC contract). The unit nurse managers and RNs are responsible for conducting all assessments and for the development of care plans. A registered nurse has undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan. The outcomes of risk assessments formulate the long-term care plan.</p> <p>The service received an interRAI waiver for completion of six-monthly interRAI reassessments (between March and July 2022); however, some of the files sampled did not have an interRAI completed after this time. The previous finding around interRAI timeframes (NZS 8134:2008 Criteria 1.3.3.3) continues to require addressing.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes for all residents. Long-term care plans documented the needs and supports on the electronic system under sections: getting to know me, interactive me, supporting me and, healthy me. Not all long-term care plans included interventions to meet the residents' assessed needs. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident's electronic file.</p> <p>Evaluations were completed; however, not all were reviewed six-monthly or sooner for a change in health condition. Evaluations documented progress towards care goals.</p> <p>There was evidence of resident and family/whānau involvement in the</p>

	<p>interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact forms.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated he is notified via phone, text, or email in a timely manner for any residents with health concerns between the hours of 8 am and 6 pm. The GP is also available after hours as required. All GP notes are entered into the electronic system. The GP interviewed commented positively on the care the residents receive. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist four days a week and occupational therapist for a total of five hours per week. A podiatrist visits regularly for foot care.</p> <p>Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local Te Whatu Ora. Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>There were 23 residents (6 rest home and 17 hospital) with a total of 28 wounds, including four pressure injuries (two unstageable, one stage III and one stage II), skin tears, skin lesions, ulcers, surgical wounds and cellulitis. Incident reports and Section 31 notifications have been completed where required. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan, and evaluations; however, not all dressings could be evidenced as occurring at the documented frequency. On interview, the clinical coordinator advised the district nurse and GP have input into chronic wound management where required. An electronic wound register is maintained. Registered nurses confirmed on interview that they have attended wound management training.</p> <p>Current infections and wounds assessments include care plan interventions to reflect resident care needs. Short-term needs are assessed and added to the long-term care plan when appropriate and removed when resolved.</p> <p>Carers interviewed could describe a verbal and written handover at the</p>
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		<p>beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by caregivers, at least daily by the RNs for hospital residents and at least weekly for rest home residents. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes in their support plan. The RNs interviewed describe working in partnership with the resident and whānau to develop initial and long-term care plans. For end of life care they use a specific last days of life care plan which is based on Te Ara Whakapiri. The service supports all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Carers and RNs complete monitoring charts, including (but not limited to): bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; toileting regime; PEG feeds; repositioning charts; and restraint. Neurological observations are completed for unwitnessed falls, or where there is a potential head injury; however, do not always adhere to policy timeframes. The previous finding around neurological observations, repositioning charts, and restraint monitoring (NZS 8134:2008 Criteria 1.3.6.1) continues to require improvement. Care plans do not always reflect all required monitoring for all individual residents and where monitoring instructions are documented, not all were completed according to care plan instructions.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included visits to the home of a relative of a staff member who identified as Māori, cooking Māori bread and singing of Māori songs. The service is planning to work with staff to support community initiatives that meet the health needs and aspirations of Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, enrolled nurses, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe administration of medication has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and caregivers interviewed could describe their role regarding medication administration. The service uses robotic rolls for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in medication trolleys and in four medication rooms. There is a small stock of medications kept for use on prescription and these are stored in one area and routinely checked. The medication fridges and medication room temperatures are monitored daily, and the fridge temperatures were within acceptable ranges. The temperatures in two of the four medications rooms evidenced temperatures above 25 degrees. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by</p>

		<p>the GP.</p> <p>Controlled medication management policies guide staff to document administration, including entries in the controlled drug register; however, not all entries evidenced this was completed as required.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had allergy status notified and photo identification, although not all photos had been reviewed as per policy. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had not always been documented in the medication system. There were two self-medicating residents whose ability to self-medicate had been assessed appropriately, with secure medication storage available. No standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The RNs described when required, working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>Not Applicable</p>	<p>The kitchen services manager (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by the PSO organisational dietitian – last reviewed in November 2022. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. On the days of the audit, staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>The kitchen receives resident dietary forms and is notified of any</p>

		<p>dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods.</p> <p>Residents and family members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense</p>	FA	<p>A building warrant of fitness statement is displayed near reception. The statement issued by the Dunedin City Council confirms the warrant of fitness is current until May 23. The statement was issued in response to Covid-19 restrictions preventing a site visit required to meet the legislative requirements of the Building Act 2004.</p> <p>The service has a lift which operates between floors, with lift maintenance and the compliance certificate issued. The testing and tagging of equipment and calibration of medical equipment is current with annual checks. Records are maintained. All buildings, plant, and equipment are fit for purpose at Ross Home, and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of</p>

<p>of belonging, independence, interaction, and function.</p>		<p>medical equipment and monthly testing of hot water temperatures. This plan comes from PSO head office and records evidenced implementation as scheduled. The previous finding around hot water monitoring (NZS 8134:2008 Criteria 1.4.2.4) has been addressed.</p> <p>There are no plans for building projects, or substantial refurbishments; however, if this arises, the organisation described how they would include local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>There is an approved fire evacuation scheme. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last fire drill was held December 2022.</p> <p>The building is secure after hours. A security firm and staff complete security checks at night. Visitors are asked to sign in and wear a mask at all times.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	<p>FA</p>	<p>A pandemic response plan was developed at head office and included site specific procedures. Each area has outbreak kits readily available. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora, which provided a forum for discussion and support related to the Covid-19 response framework for aged residential care services. The infection prevention coordinator is new to the role and training at Te Whatu Ora Southern is scheduled. There is good external support from the GP, laboratory, and the PSO clinical nurse advisor. Personal protective equipment (PPE) is ordered through the MoH, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted in each of the care units and in a dedicated storage area. Hazardous waste is collected by approved contractors weekly. Slings and other shared equipment are washed if required and sprayed or</p>



<p>scope of our services.</p>		<p>wiped with a disinfectant. Protective eyewear is washed between use and wiped with disinfectant wipes. Hand sanitiser and/or handwashing facilities are available in resident rooms.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation is able to source other infection control educational resources in te reo Māori. The organisation is working on reviewing policies to include participation in partnership with Māori for the protection of culturally safe practice in IP and acknowledge the spirit of Te Tiriti. There are no plans to change the current environment; however, the service will consult with the infection control coordinator if this occurs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The quality advisor completes monthly benchmarking reports, and this is reported locally to all staff, to the clinical advisory group and continuous quality improvement group at head office. The service is incorporating ethnicity data into surveillance methods and data captured around infections. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora Southern for any community concerns.</p> <p>There have been six outbreaks since the previous audit (a respiratory outbreak in June 2022 and five Covid-19 outbreaks in April, two in June, July and December 2022). The outbreaks were documented with evidence of comprehensive management. The infection control coordinator and quality advisor interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their</p>

		families/whānau were updated regularly. All outbreaks were documented and reported accordingly.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021. At the time of the audit, there were three hospital level residents using restraint (two bedrails, one lapbelt). Restraint monitoring is not occurring as per policy (link 3.2.4).</p> <p>Ross Home is committed to providing services to residents without use of restraint. The quality advisor, and chair of the PSO restraint continuous quality improvement group were interviewed. The restraint coordinator/RN was unavailable. Restraint use is reported to the Board each month.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>There is an approval process for any restraint use. A review of the three hospital files that required restraint for safety, identified an assessment and approval process. Restraint was being used as a last resort and not to replace staff supervision. The previous audit finding HDSS:2008 criterion 2.2.3.2 has been addressed.</p>

## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	<p>PA</p> <p>Moderate</p>	<p>One complaint lodged by family in relation to a resident who absconded failed to reflect implementation of the recommendations listed by the manager to the complainant and forwarded to Te Whatu Ora - Southern.</p>	<p>In response to a resident who absconded, PSO Ross Home's corrective actions that were provided to the complainant and Te Whatu Ora - Southern included: 1) investigating the option of connecting the exterior door to an alarm so that if it is opened out of hours staff are alerted; 2) reviewing and updating the Ross Home security policy; and 3) consideration of installing CCTV cameras in hallways. There is a lack of evidence to indicate that these corrective actions have been fully implemented. Two CCTV cameras (one external by laundry door and one at reception) were activated at the time of this audit and monitoring processes were being planned.</p>	<p>Ensure corrective actions as described to Te Whatu Ora Southern are either implemented or updated to reduce the risk of confused residents wandering outdoors and getting lost.</p> <p>60 days</p>

<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>Each unit nurse manager is responsible for holding staff meetings one-two monthly. The unit nurse manager available for interview stated that meetings are taking place but are not routinely minuted. Meeting minutes reviewed failed to consistently reflect quality results (eg, internal audit results). The PSO benchmarking report describes clinical indicator data results.</p>	<p>i) Evidence of staff meeting minutes have not been documented and uploaded since November 2021 for three of the four units.</p> <p>ii) The internal audit schedule (July 2022 – December 2022) indicated that four of seven internal audits had not been completed for the two rest home units.</p>	<p>i) Ensure staff meetings include minute taking.</p> <p>ii) Ensure the internal audit schedule is completed as planned.</p> <p>60 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Initial interRAI assessments have been completed within the required timeframes for two residents. Initial assessments and care plans have been developed within the required timeframes for all files reviewed. Three of five resident files identified long-term cares plans had been documented with 21 days of admission. Dietary profiles and nutritional assessments have been documented at the time of admission. InterRAI assessments have been completed for two of three permanent residents; however, timeframes have not been met as required. Due to ongoing RN shortages, the facility struggled to maintain the required timeframes for completion of care related documentation.</p>	<p>(i) Care plan evaluations have not occurred within required timeframes for three of three residents who required reviews (three files did not require reviews).</p> <p>(ii) InterRAI reassessments have not been completed six-monthly for two of three residents who required an interRAI reassessment.</p>	<p>(i) Ensure care plans are evaluated six-monthly or sooner if health needs change.</p> <p>(ii) Ensure interRAI assessments are reviewed six-monthly or as required for changes in health.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be</p>	<p>PA Moderate</p>	<p>Storage of medication is maintained in the four secure medication rooms. Room temperatures are recorded daily. The temperatures in two of the four</p>	<p>i). In two of the three medication rooms, recent records of room temperatures evidenced occasions where temperatures had been 25</p>	<p>i). Ensure medication room temperatures do not exceed 25 degrees.</p>

<p>implemented appropriate to the scope of the service.</p>		<p>medication rooms evidenced temperatures above the policy and best practise guidelines. Resident photos are reviewed at the time of care planning and at least annually as per policy; however, not all electronic files evidenced this had occurred. The effectiveness of 'as required' medication is documented on the electronic administration system or the progress notes; however, this has not been consistently documented. Controlled medication administration policies include documentation of the time of administration; however, this was not always evidenced.</p>	<p>degrees and above.</p> <p>ii). Five of 12 residents' photos on the electronic files had not been reviewed according to PSO policy of at least annually.</p> <p>iii). The effectiveness of 'as required' medication was not consistently documented in either the electronic medication system or the progress notes.</p> <p>iv). Six recent medication entries in the controlled drug register did not evidence the time of administration.</p>	<p>ii) Ensure all resident photos on medication chart evidence review as per PSO policy.</p> <p>iii). Ensure the effectiveness of 'as required' medication is documented.</p> <p>Iv). Ensure the time of administration of controlled medications is documented in the register.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
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End of the report.